

HOW TO FILE A DECLARATION OF READINESS TO PROCEED

A Declaration of Readiness to Proceed (DOR) is filed to request a hearing at the Workers' Compensation Appeals Board (WCAB).

A hearing will only be granted if there is an existing WCAB case number. If you do not have an existing WCAB case number, refer to I&A Guide 10.

Complete the form following the attached sample. Please note that the form requests specific information as to how you tried to resolve the issues. Be sure to sign and date the form. When you file the DOR you should also file ALL evidence supporting your case.

Send the originals to the WCAB and copies to all parties.

Keep a copy for your records.

The WCAB will review the DOR. All parties will be notified by mail when a hearing is set.

If you need help you may call an Information and Assistance Office. The local phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Case No. _____

**DECLARATION OF READINESS
TO PROCEED**

NOTICE: "Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

(Rule 10416)

Applicant

vs.

Defendants

The ☐ Employee or applicant
☐ Defendant
☐ Lien Claimant

requests that this case be set for hearing at _____

(Place)

and declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following efforts to resolve these issues. _____

Declarant requests:

☐ Regular Hearing ☐ Conference Pre-trial ☐ Rating Pre-trial

(SEE REVERSE SIDE FOR INSTRUCTIONS)

At the present time the principal issues are—

<input type="checkbox"/> Compensation Rate	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Temporary Disability	<input type="checkbox"/> Self-procured Treatment
<input type="checkbox"/> Permanent Disability	<input type="checkbox"/> Future Medical Treatment
<input type="checkbox"/> Other _____	

Employee ☐ is (or) ☐ is not presently receiving compensation payments.

Employee's condition following injury is permanent and stationary as shown by the report(s) of

Doctor(s) _____ Dated _____, filed and served on _____.

I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for the hearing will be _____ hours.

I have completed discovery and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practices and Procedure.

Adverse parties ☐ have (or) ☐ have not served me with medical reports.

Copies of this Declaration have been served this date as shown below.

Name (Print or Type) _____

Declarant's signature _____

Address _____ Phone _____

Date _____

SERVICE

Type or print names and addresses of parties, including attorneys and representatives served with a copy of this Declaration:

_____	_____
_____	_____
_____	_____
_____	_____

(SEE REVERSE SIDE FOR INSTRUCTIONS)

INSTRUCTIONS

1. This declaration must be completed and filed before any case will be set for hearing at the request of any party.

A hearing includes either a conference hearing or regular hearing. A conference hearing includes **conference pre-trial** to frame issues, record stipulations and join necessary parties and any other setting (such as rating pre-trial and/or standby calendar) for the purpose of assisting the parties in resolving disputes.

A regular hearing is set for the purpose of receiving evidence.

2. Unless notified otherwise, no witness other than the applicant need attend **conference pre-trial** hearings.
3. The party producing a non-English-speaking witness must arrange for the presence of a certified interpreter.
4. Continuances are not favored and none will be granted after filing of this Declaration without a clear and timely showing of good cause.
5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
6. If setting on a priority basis is requested because of hardship or other good cause, a letter should be attached specifying in detail the nature of the hardship and the reason why early setting is requested.

If setting is requested on any calendar other than the conference pre-trial or regular hearing, a letter should be attached to the Declaration of Readiness specifying in detail just why such setting is requested.

If a regular hearing is requested, a letter should be attached to the Declaration of Readiness specifying in detail why the matter is not suitable for a conference pre-trial or other setting.

The Board, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Rule 10417).

WORKERS' COMPENSATION APPEALS BOARD
445 Golden Gate Avenue, San Francisco, CA 94102

DISTRICT OFFICES

ANAHEIM	1661 N. Raymond Ave., 1st Floor (92801)	(714) 738-4000	SAN BERNARDINO	464 W. 4th Street, Ste. 239 (92401-1888)	(909) 383-4341
BAKERSFIELD	1800 30th Street, Ste. 100 (93301)	(805) 395-2723	SAN DIEGO	1350 Front Street, Ste. 3047 (92101)	(619) 525-4206
EUREKA	100 "H" Street, Ste. 202 (95501)	(707) 441-6518	SAN FRANCISCO	30 Van Ness Ave., 3rd Floor (94102)	(415) 557-0680
FRESNO	2550 Mariposa Street, Ste. 4078 (93721)	(559) 445-5051	SAN JOSE	100 Paseo de San Antonio, Rm. 241 (95113)	(408) 277-1246
GROVER BEACH	1562 Grand Ave. (93433-2261)	(805) 481-4912	SANTA ANA	28 Civic Center Plaza, Ste. 451 (92701)	(714) 558-4121
LONG BEACH	300 Ocean Gate, Rm. 202 (90802)	(562) 590-5001	SANTA BARBARA	1525 State Street, Ste. 102 (93101)	(805) 966-1527
LOS ANGELES	107 South Broadway, Ste. 4107 (90012)	(213) 897-1554	SANTA MONICA	2701 Ocean Park Blvd., Ste. 220 (90405)	(310) 452-9114
OAKLAND	1515 Clay Street 6th Floor (94612)	(510) 622-2868	SANTA ROSA	50 "D" Street, Ste. 420 (95404)	(707) 576-2391
POMONA	435 Mission Blvd., Ste. 100 (91766)	(909) 629-6288	STOCKTON	31 East Channel Street, Rm. 344 (95202)	(209) 948-3651
REDDING	2115 Akard, Ste. 15 (96001-2796)	(530) 225-2845	VAN NUYS	6150 Van Nuys Blvd., Ste. 105 (91401)	(626) 901-5367
RIVERSIDE	3737 Main Street (92501)	(909) 728-4269	VENTURA	5810 Ralston Street (93003)	(805) 654-4670
SACRAMENTO	2424 Arden Way, Ste. 230 (95825)	(916) 263-2735	WALNUT CREEK	175 Lennon Lane, Ste. 200 (94598)	(925) 977-8313
SALINAS	1880 North Main Street (93906-3486)	(831) 443-3060			

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Case No. Your WCAB case number
**DECLARATION OF READINESS
TO PROCEED**

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(Rule 10416)

Your name Applicant

Your employer vs
and
insurance company Defendants

requests that this case be set for hearing at

WCAB Office

(Place)

and declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following efforts to resolve these issues.

list efforts you have made to resolve dispute

Declarant requests:

☐ Regular Hearing ☐ Conference Pre-trial ☐ Rating Pre-trial

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At the present time the principal issues are—

☐ Compensation Rate
☐ Temporary Disability
☐ Permanent Disability
☐ Other _____

☐ Rehabilitation
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Employee ☐ is (or) ☐ is not presently receiving compensation payments.

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Doctor(s) _____ Dated _____,
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I expect to present _____ witnesses, including _____ medical witnesses, and estimate the time required for the hearing will be _____ hours.

I have completed discovery and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practices and Procedure.

Adverse parties ☐ have (or) ☐ have not served me with medical reports.

Copies of this Declaration have been served this date as shown below.

Name (Print or Type) Your name

Declarant's signature X your signature

Address Your mailing address Phone Your number

Date today's date

SERVICE

Type or print names and addresses of parties, including attorneys and representatives served with a copy of this Declaration:

① WCAB

② insurance company

③ insurance company's attorney

(SEE REVERSE SIDE FOR INSTRUCTIONS)